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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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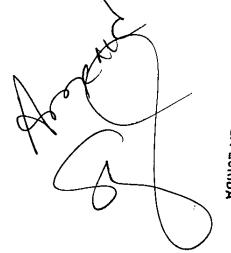
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Muns Moster Association, I
DOCUMENT NUMBER: N 930000 5723
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Stevens + Goldayn (Firm/ Company)
2 South University Drive, Suite 315
Plantution FL 33324 (City/State and Z/p Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 4758-9393 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee \\ Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ZOUG MAR 26 PM 12: 11
TALLAHASSEL OF STATE

Articles of Amendment to

Arucies of incorpo	oration TASSEE, FLORIE
-1 Ω_1 Ω_2	Association Inc.
(Name of Corporation as currently filed with	the Florida Dept. of State)
N93 000005523	3
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	on;
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co," may no	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4400 N Federal Highway
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lighthouse Point, FL 33064 Yo Asken Property Management Greep 4400 N. Federal Highway Lighthouse Point FL 33064
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the dress:
Name of New Registered Agent: 51even	St Goldwyn, P.A. Suik 315
New Registered Office Address: (Flor	University Drive, Suite 315 ida street address) ation, Florida 33324 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	agent:

D.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>	Raymond Litter	SUNTIN, FI 333FI	Add Remove
<u>S</u> _	Fred Tollible	3495 North Henting	Add Remove
YP	Kenneth Goodfiend	349T North History Suprising FL 333F1	Add Remove
E. <u>If amendin</u> (attach addi	g or adding additional Articles, enter citional sheets, if necessary). (Be specific	hange(s) here:	

Title _	Name	<u>Address</u>	Type of Action
I	David Bill	3495 N. Hinks Rd Sour, EL 3857	Add Aemove
<u> </u>	Cosme Catrina	3495 N. Hick, N.	Add Remove
5	Rosemary Gradines	3495 N Histor M Sencial, FL 33351	Add Aemove
	ng or adding additional Articles, enter of ditional sheets, if necessary). (Be specificational sheets)		
			

Title	Name	Address	Type of Action
<u> </u>	Monuela Torroja-Kelle	4400 N. Federal Hun	Add Remove
VP	Monvela Torroja-Kelle Lisa Squillace	Lighthouse Point, FL 33064 4400 N. Februal Hwy Lighthouse Point FL 33064	Add Remove
I	Diens Taylor 4	400 N. Federal Hwy Lighthouse Point, Fr 33064	Add Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
5	Ed HershKowitz	4400 N. Federal Hay Lighthouse Print, FL 33064	Add Remove
D	Donna Friscia	4400 N. Federal Huy Lighthers: Point FL 33064	
D		Lighthouse of Fel	
		33064	Remove
	ng or adding additional Articles, enter c		
(attach add	itional sheets, if necessary). (Be specific	<i>2)</i>	
· 			
			
			
			
_ 			
			
			

The date of each amendment(s)	adoption: 03/11/2009
Effective date <u>if applicable</u> :	03/11/2009 no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	adopted by the members and the number of votes cast for the amendment(s)
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated3/_	12/2009
have r	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
-	Manuela Torroja - Celler (Typed or printed name of persons igning)
-	President (Title of person signing)

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